

From the INTERNATIONAL BUREAU

PCTINFORMATION CONCERNING ELECTED
OFFICES NOTIFIED OF THEIR ELECTION

(PCT Article 31(7) and Rule 61.3)

To:

SON, Min
19th Floor, City Air Tower
159-9 Samsung-dong, Kangnam-gu
Seoul 135-973
RÉPUBLIQUE DE CORÉE

Date of mailing (day/month/year) 24 March 2005 (24.03.2005)		
Applicant's or agent's file reference PCTA9407-11		IMPORTANT INFORMATION
International application No. PCT/KR2004/001891	International filing date (day/month/year) 27 July 2004 (27.07.2004)	
		Priority date (day/month/year) 06 August 2003 (06.08.2003)
Applicant CJ CORP. et al		

1. The applicant is hereby informed that the International Bureau has, according to Article 31(7), notified each of the following Offices of its election:

EP: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR

National: BG, CA, CN, CZ, DE, JP, KP, MN, NO, PL, RO, RU, SK, US

2. The following Offices have waived the requirement for the notification of their election; the notification will be sent to them by the International Bureau only upon their request:

AP: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW

EA: AM, AZ, BY, KG, KZ, MD, RU, TJ, TM

OA: BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

National: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BR, BW, BY, BZ, CH, CO, CR, CU, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, KE, KG, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MW, MX, MZ, NA, NI, NZ, OM, PG, PH, PT, SC, SD, SE, SG, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW

3. Since the election(s) was (were) made before the expiration of 19 months from the priority date, the applicant is reminded that he must enter the "national phase" before the expiration of 30 months from the priority date before each of the Offices listed above. This must be done by paying the national fee(s) and furnishing, if prescribed, a translation of the international application (Article 39(1)(a)), as well as, where applicable, by furnishing a translation of any annexes of the international preliminary report on patentability (Chapter II of the Patent Cooperation Treaty) (Article 36(3)(b) and Rule 74.1).

Some Offices have fixed time limits expiring later than the above-mentioned time limit. See the Annex to Form PCT/IB/301 and, for details about the applicable time limits, Office by Office, see the *PCT Applicant's Guide*, Volume II, National Chapters, the *PCT Newsletter* and the WIPO Internet site, updated regularly.



The International Bureau of WIPO 34, chemin des Colombettes 1211 Geneva 20, Switzerland	Authorized officer Philippe Becamel
Facsimile No. +41 22 740 14 35	Facsimile No. +41 22 338 70 90

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ KR

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference PCTA9407-11	
International application No. PCT/KR2004/001891	International filing date (day/month/year) 27 July 2004 (27.07.2004)
(Earliest) Priority date (day/month/year) 06 Aug. 2003 (06.08.2003)	
Title of invention FORMULATION OF ALBUMIN-FREE ERYTHROPOIETIN	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
CJ Corp. 500, Namdaemunno 5-ga, Jung-gu, Seoul, 100-802, Republic of Korea	
Telephone No. 82-2-726-8285	
Facsimile No. 82-2-726-8659	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
CHO, Cheong Weon #320-1605, Sibeomdanji Hanyang Apt., Seohyeon-dong, Bundang-gu, Seongnam-si, Gyeonggi-do, 463-776, Republic of Korea	
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
CHUNG, Soon Kwan #106-1304, Woncheon Jugong 1-danji Apt., Maetan 4-dong, Yeongtong-gu, Suwon-si, Gyeonggi-do, 443-755, Republic of Korea	
State (that is, country) of nationality: KR	State (that is, country) of residence: KR
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Continuation of Box No. H APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KU, Jeong
#203, Domitory, San522-1, Deokpyeong-ri,
Majang-myeon, Icheon-si, Gyeonggi-do, 467-812, Republic of Korea

State (that is, country) of nationality:
KR

State (that is, country) of residence:
KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CHEON, Jun Hee
#149-904, Hwanggol Maeul 1-danji Apt., Yeongtong-dong,
Yeongtong-gu, Suwon-si, Gyeonggi-do, 443-740, Republic of Korea

State (that is, country) of nationality:
KR

State (that is, country) of residence:
KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

AN, Tae Kun
662, Wolgok-ri, Gochang-eup,
Gochang-gun, Jeollabuk-do, 585-806, Republic of Korea

State (that is, country) of nationality:
KR

State (that is, country) of residence:
KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

JEON, Eun Kyung
#104-2202, Jinu Apt., Samga-dong,
Yongin-si, Gyeonggi-do, 449-718, Republic of Korea

State (that is, country) of nationality:
KR

State (that is, country) of residence:
KR

☒ Further applicants are indicated on another continuation sheet.

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KO, Jae Kyoung
#101-1701, Hana Apt., Gajeong 2-dong,
Seo-gu, Incheon, 404-753, Republic of Korea

State (that is, country) of nationality:
KR

State (that is, country) of residence:
KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

KIM, Tae Hyoung
#512-2201, Sungwon 5-danji Apt., Sangnam-dong,
Changwon-si, Gyeongsangnam-do, 641-781, Republic of Korea

State (that is, country) of nationality:
KR

State (that is, country) of residence:
KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BEAK, Yeong Ok
#101-508, Hyundai Apt., Maetan 4-dong,
Yeongtong-gu, Suwon-si, Gyeonggi-do, 443-713, Republic of Korea

State (that is, country) of nationality:
KR

State (that is, country) of residence:
KR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SUH, Hea Ran
#501-1608, Woosung Apt., Seocho 2-dong,
Seocho-gu, Seoul, 137-773, Republic of Korea

State (that is, country) of nationality:
KR

State (that is, country) of residence:
KR

☐ Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.)*

SON, MIN
 19th Floor, City Air Tower 159-9, Samsung-dong,
 Kangnam-gu, Seoul, 135-973, Republic of Korea

Telephone No.

82-2-2016-7900

Facsimile No.

82-2-2016-7905

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☐ as originally filed
☐ as amended under Article 34

the claims ☐ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34

the drawings ☐ as originally filed
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.
 3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
 4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

- ☐ which is the language in which the international application was filed.
☐ which is the language of a translation furnished for the purposes of international search.
☒ which is the language of publication of the international application.
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

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received	not received
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

SON, Min

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.

7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.

8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> International application No. PCT/KR2004/001891 </td> <td style="width: 50%; padding: 5px;"> For International Preliminary Examining Authority use only </td> </tr> <tr> <td style="padding: 5px;"> Applicant's or agent's file reference PCTA9407-11 </td> <td style="padding: 5px;"> Date stamp of the IPEA </td> </tr> </table>	International application No. PCT/KR2004/001891	For International Preliminary Examining Authority use only	Applicant's or agent's file reference PCTA9407-11	Date stamp of the IPEA	
International application No. PCT/KR2004/001891	For International Preliminary Examining Authority use only				
Applicant's or agent's file reference PCTA9407-11	Date stamp of the IPEA				
Applicant					
CALCULATION OF PRESCRIBED FEES					
1. Preliminary examination fee	225,000 P				
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	190,000 H				
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; padding: 5px; display: inline-block;">415,000</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">TOTAL</div>				
MODE OF PAYMENT					
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input checked="" type="checkbox"/> cash				
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps				
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons				
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):				
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>					
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____				
<input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____				
	Date: _____				
	Name: _____				
	Signature: _____				